

©

GOVERNMENT OF TAMIL NADU  
2022

[Regd. No. TN/CCN/467/2012-14.  
[R. Dis. No. 197/2009.  
[Price: Rs. 7.20 Paise.



# TAMIL NADU GOVERNMENT GAZETTE

## EXTRAORDINARY

PUBLISHED BY AUTHORITY

No. 536]

CHENNAI, THURSDAY, DECEMBER 1, 2022  
Karthigai 15, Subakiruthu, Thiruvalluvar Aandu—2053

### Part III—Section 1(a)

**General Statutory Rules, Notifications, Orders, Regulations, etc.,  
issued by Secretariat Departments.**

#### NOTIFICATIONS BY GOVERNMENT

##### COMMERCIAL TAXES AND REGISTRATION DEPARTMENT

TAMIL NADU DOCUMENT WRITERS' WELFARE FUND RULES, 2022.

[G.O. Ms. No. 176, *Commercial Taxes and Registration (M2)*, 1st December 2022,  
கார்த்திகை 15, சுபகிருது, திருவன்மூலர் ஆண்டு—2053.]

No. SRO A-26(a)/2022.

In exercise of the powers conferred by sub-section (1) of Section 26 of the Tamil Nadu Document Writers' Welfare Fund Act, 2022 (Tamil Nadu Act 21 of 2022), the Governor of Tamil Nadu hereby makes the following Rules, namely:-

- 1. Short title.** — (1) These Rules may be called the Tamil Nadu Document Writers' Welfare Fund Rules, 2022.  
(2) They shall come into force with effect from 2nd December, 2022.

- 2. Definitions.** — In these Rules, unless the context otherwise requires,-

- "Act" means the Tamil Nadu Document Writers' Welfare Fund Act, 2022 (Tamil Nadu Act 21 of 2022);
- "Committee" means the committee established under Section 4 of the Act;
- "Document Writer" means a person licensed under the Tamil Nadu Document Writers' License Rules, 1982;
- "Form" means a form appended to these rules;
- "Government" means the State Government;
- "Member" means a document writer as defined in clause (iii) above, who opt to become a member of Document Writers' Welfare Fund;

- 3. Recognition and Registration of Document Writers' Association.**—(1) Every application for recognition and registration of an association of Document Writers shall be made to the Committee in Form-I.

- (2) The Committee shall, after holding such enquiry as it deems fit, issue a Certificate of recognition and registration of such association in Form-II.

- 4. Nomination of members to Committee.**— A list of document writers shall be recommended by the Document Writers' Association. The Government shall nominate four members from among the members of the Document Writers' Association.

**5. Amount to be collected for credit to Fund.**— Ten rupees shall be collected per document presented in any of the office of the Sub-Registrar for registration under the Registration Act, 1908 shall be credited to the Fund.

**6. Membership of Fund.**— (1) Every application for admission as a member of the Fund shall be submitted in triplicate in Form-III along with a copy of the license to the Secretary of the Committee with the certificate of District Registrar in Form-IV to which the document writer is attached.

(2) Admission fee shall be paid online through STAR 2.0 software.

(3) On admission of a member of the Fund, the Committee shall issue an identity card in Form-V.

(4) New members will be admitted from time to time. Those who failed to opt for a membership may apply for membership in future. Persons who are newly licensed may opt for new membership.

(5) Every member of the Fund shall furnish a declaration in Form-VI specifying his nominee or nominees.

(6) Where a person has ceased to be a member of the Fund on the expiry of his license, he shall after the renewal of his license, apply for readmission to the fund in Form-VII.

**7. Welfare assistance to member and their families.**—(a) Every document writer who is a member of the Tamil Nadu Document Writers' Welfare Fund is eligible for the following welfare assistance under the Act.

**(1) Pensionary benefit:** A member of the Fund shall make an application for payment of pension to the Committee in Form-VIII.

**(2) Marriage assistance:** A member shall make an application to the Committee in Form-IX for getting marriage assistance for himself or for his son/daughter, along with the marriage registration certificate.

**(3) Maternity benefit:** Female members of the Tamil Nadu Document Writers' Welfare Fund shall be given maternity benefit for a maximum of two children. To get the maternity assistance an application shall be submitted in Form-X to the Committee along with the relevant medical certificate.

**(4) Educational benefit:** In order to get educational benefit for children, the member has to get a certificate from the educational institution where his children are studying and apply in Form-XI. A maximum of two children can receive the educational benefit.

**(5) Death benefit:** If a member dies, the legal heirs/nominees appointed by him shall make an application in Form-XII along with the legal heir certificate and death certificate of the deceased member.

**(6) Financial benefit in case of permanent disability / partial disability of members:** (i) In case of permanent disability by which a member is unable to write the document, he shall apply in Form-XIII along with the medical records for his treatment and the certificate issued by the Government Medical Board for availing such benefit.

(ii) In case of partial disability, the application should be made in Form-XIII along with the medical records for treatment and with the certificate issued by the Government Medical Board for availing such benefit.

**(7) Spectacle allowance:** For the members of the fund, a grant for purchase of spectacles will be provided. For this, members have to submit an application in Form-XIV along with the receipt for the purchase of new spectacles.

(b) All assistance provided under these Rules shall be sanctioned only after the Committee is satisfied about the genuineness of the claim. All the benefits shall be credited to the beneficiary's bank account through Electronic Clearance Service (ECS).

(c) All the amount shall be sanctioned only if the following conditions are fulfilled, namely:-

- (1) The application for assistance shall be in the prescribed form.
- (2) Where both husband and wife are the members and applied for marriage or educational assistance for their children, either husband or wife alone shall be eligible for the assistance.
- (3) The applications duly filled along with necessary certificates/reports issued by the competent authorities shall only be taken up by the Committee for perusal.
- (4) Where the Committee finds that the evidence adduced by the applicant disabled for assistance from the Fund is false, it may call upon the applicant to refund the entire amount paid from the Fund as assistance with such interest as it may deem fit and the applicant shall comply with such direction. If the person fails to repay the amount, the same is to be recovered by filing a suit in a court of law.

(5) Every application presented for payment shall be examined by the Committee and on it being satisfied that the claim is admissible, and the payment is duly authorised, it shall pay the amount after obtaining a receipt. The entry in the account book shall be made for all the payment.

(d) All decisions of the Committee rejecting any claim to the benefit of the Fund shall be communicated to the applicant by registered post with acknowledgement due.

(e) The decision of the Committee regarding the above financial assistance to the members shall be recorded in the minutes of the meeting of the Committee.

**8. Maintenance of records.**— (1) The Committee shall maintain the following records, namely:-

- (i) Cash book;
- (ii) Receipt book containing forms in duplicate for money received by the fund;
- (iii) Vouchers file, containing all vouchers for contingent and other administrative expenditure incurred by the Committee, numbered serially and filed chronologically;
- (iv) Ledger showing consolidated and separate account for all items of receipts and expenditure by category;
- (v) Monthly register of receipts and disbursement;
- (vi) Register containing the list of members in Form-XV;
- (vii) And any other accounts required to be maintained by the Government.

(2) The Committee shall send to the Government half-yearly and annual reports showing the disbursements from the Fund and other particulars and on such other occasion as may be required by the Government.

**9. Travelling and daily allowance for nominated members.**— The nominated members of the Committee shall be eligible for Travelling allowance and daily allowance at the rates admissible in G.O. (Ms) No. 181, Finance (Allowance) Department, dated 10.06.2019, revised from time to time.

**FORM-I***[See rule 3(1)]***Application for Recognition and Registration of Document Writers' Association**

|     |  |  |
|-----|--|--|
| (1) | Name of the Association<br>Registration number   |  |
| (2) | The address of the Association<br>Phone number<br>e-mail address   |  |
| (3) | Name and address of the Executive Committee<br>Members of the Association (with license number)  |  |
| (4) | Name and address of members of the Association<br>(with license number)<br>(a) Address<br>(b) Date of birth and age<br>(c) Date of admission into the association<br>(d) Registration District |  |
| (5) | Are Bye-laws of the Association attached?  |  |
| (6) | Any other details  |  |

Place :  
Date :

President / Secretary,

*Signature**With the name and address of the Association.*

**FORM-II**

*[See rule 3(2)]*

**Certificate of Recognition and Registration**

Registration number.

This is to certify that the -----, ----- at.....(Place) is recognised and registered as Document Writers' Association for the purposes of the Tamil Nadu Document Writers' Welfare Fund under Section 17 of the Tamil Nadu Document Writers' Welfare Fund Act, 2022.

Place :

Date :

Secretary,  
Tamil Nadu Document Writers' Welfare Fund.

## FORM-III

[See rule 6(1)]

## Application for Membership of the Tamil Nadu Document Writers' Welfare Fund

To

The Secretary,  
Tamil Nadu Document Writers' Welfare Fund

Recent photo  
of the applicant

|      |   |                              |               |
|------|---|------------------------------|---------------|
| (1)  | Name of the applicant   |                              |               |
| (2)  | Date of birth (DD / MM / YYYY) and age                              |                              |               |
| (3)  | Name of father / spouse   |                              |               |
| (4)  | Residential address<br>(Attach proof of address)                    |                              |               |
|      | (a) Mobile number   |                              |               |
|      | (b) e-mail address  |                              |               |
|      | (c) Aadhaar number  |                              |               |
| (5)  | Date / year of writing the Document Writers' Qualifying Examination |                              |               |
| (6)  | Document Writers' License Number                                    |                              |               |
| (7)  | Office to which the document writer attached                        |                              |               |
| (8)  | Has the Document Writers' license been renewed till date?           |                              |               |
| (9)  | If not renewed, specify reasons                                     |                              |               |
| (10) | Details of Family members   |                              |               |
| Name |   | Relationship with the member | Date of birth |
|      |   |                              |               |
|      |   |                              |               |
|      |   |                              |               |
|      |   |                              |               |

Place:

Date :

Signature of the Applicant

Declaration.

I declare that the details given above are true to the best of my knowledge, information and belief. I request you to admit me as a member of the Tamil Nadu Document Writers' Welfare Fund and issue an identity card.

I promise to forgo my membership of the Fund, if the details provided by me are found to be incorrect in future.

Place:

Date :

Signature of the Applicant

**FORM-IV**

*[see rule 6(1)]*

**Certificate.**

Mr. / Mrs / Ms. .... acting as a document writer within the jurisdiction of .....Sub-District, ..... Registration District has paid a sum of Rs.1000/- (Rupees one thousand only) through online towards the admission fees for membership of the Tamil Nadu Document Writers' Welfare Fund.

Place:

Date :

Signature of the District Registrar

Office seal

**Recommendation of the District Registrar.**

Signature of the District Registrar (with seal)

**FORM-V***[see rule 6(3)]***Tamil Nadu Document Writers' Welfare Fund Membership Identity card**

Recent passport size  
photo of the member

1. Name of the Member
2. Father / Husband Name
3. Date of birth and age
4. Enrolment ID
5. Document Writers' License number
6. Sub-Registrar office to which attached
7. Residential Address
8. Office Address
9. Mobile number
10. Date on which enrolment issued

Secretary

Tamil Nadu Document Writers' Welfare Fund

**FORM-VI***[see rule 6(5)]***Nomination Form**

I hereby nominate my family member / members as listed below to receive benefits/assistance from the Tamil Nadu Document Writers' Welfare Fund as mentioned below in the manner shown against their names:

| S.No. | Name of the Nominee | Date of birth | Relationship | Percentage of share to be paid |
|-------|---------------------|---------------|--------------|--------------------------------|
|       |                     |               |              |                                |
|       |                     |               |              |                                |
|       |                     |               |              |                                |
|       |                     |               |              |                                |
|       |                     |               |              |                                |

- Members have the right to change the nominee

Place:

Date :

Signature of the Applicant

**FORM-VII***[see rule 6(6)]***Application for re-admission to the Tamil Nadu Document Writers' Welfare Fund**

|      |  |  |
|------|--|--|
| (1)  | Name of the applicant  |  |
| (2)  | Date of birth (DD / MM / YYYY)   |  |
| (3)  | Name of father / spouse  |  |
| (4)  | (a) Residential address<br>(Attach proof of address)                                 |  |
|      | (b) Office address<br>(Attach proof of address)                                      |  |
|      | (c) Mobile number  |  |
|      | (d) e-mail address   |  |
|      | (e) Aadhaar number   |  |
| (5)  | Document Writers' License Number (Valid upto)  |  |
| (6)  | Sub-Registrar Office and Registration District to which the Document Writer attached |  |
| (7)  | Has the Document Writers' License been renewed till today?                           |  |
| (8)  | If not renewed, specify reasons  |  |
| (9)  | Details if the license has already been suspended / revoked                          |  |
| (10) | Previous membership number and date  |  |

Place:

Date :

Signature of the Applicant

## FORM-VIII

*[see rule 7(a)(1)]*

## Application for Pension Benefit

|    |  |                        |
|----|--|------------------------|
| 1. | Name and address of the member   |                        |
| 2. | Date of birth and age of the member  |                        |
| 3. | Date of registration under Tamil Nadu Document Writers' Welfare Fund Act, 2022   |                        |
| 4. | Membership number under Tamil Nadu Document Writers' Welfare Fund Act, 2022  |                        |
| 5. | Duration of membership   |                        |
| 6. | Is the member applying for pension   |                        |
| 7. | If yes<br><br>(i) Date of surrender over of the document writers license<br><br>(ii) The date on which the license was handed over by the relevant officer   |                        |
| 8. | Details of enclosures with the application   | 1.<br><br>2.<br><br>3. |
| 9. | Beneficiary's Bank account details<br><br>(i) Name and branch of the bank<br><br>(ii) Account number<br><br>(iii) IFSC Code<br><br>(A photo copy of the first page of the bank pass book or Copy of cancelled cheque should be attached) |                        |

## Declaration

I declare that the details given above are true and correct.

Place:

Date :

Signature of the Applicant

**FORM-IX***[see rule 7(a)(2)]***Application for Marriage Assistance**

|     |   |  |
|-----|---|--|
| (1) | Name and address of the member  |  |
| (2) | Date of birth and age of the member   |  |
| (3) | Date of membership  |  |
| (4) | Relationship with the member of the Tamil Nadu Document Writers' welfare fund   |  |
| (5) | Place and date of marriage  |  |
| (6) | Is a copy of the wedding invitation attached?   |  |
| (7) | Is the certificate of registration of marriage attached ?   |  |
| (8) | Details of previous application, if any   |  |
|     | A. Details regarding medical assistance   |  |
|     | B. Details regarding educational assistance   |  |
| (9) | Member's bank account details<br>(i) Name and branch of the bank<br>(ii) Account number<br>(iii) IFSC Code<br>(A photo copy of the first page of the bank pass book or a copy of cancelled cheque should be attached) |  |

**Declaration**

I declare that the details given above are true and correct.

Place:

Date :

Signature of the Applicant

## FORM-X

*[See rule 7(a)(3)]*

## Application for Maternity Benefit

|     |   |  |
|-----|---|--|
| (1) | Name and address of the member  |  |
| (2) | Date of birth and age of the member   |  |
| (3) | Date of membership  |  |
| (4) | Relationship with the member of the Tamil Nadu Document Writers' Welfare Fund   |  |
| (5) | No. of surviving children   |  |
| (6) | Date of confinement   |  |
| (7) | Is a certificate issued by a authorised medical officer attached ?  |  |
| (8) | Details of previous application, if any   |  |
|     | A. Details regarding medical assistance   |  |
|     | B. Details regarding educational assistance   |  |
| (9) | Member's bank account details<br>(i) Name and branch of the bank<br>(ii) Account number<br>(iii) IFSC Code<br>(A photo copy of the first page of the bank pass book or a copy of cancelled cheque should be attached) |  |

## Declaration

I declare that the details given above are true and correct.

Place:

Date :

Signature of the Applicant

## FORM-XI

*[See rule 7(a)(4)]*

## Application for Educational Benefit

|      |   |  |
|------|---|--|
| (1)  | Name and address of the member  |  |
| (2)  | Date of birth and age of the member   |  |
| (3)  | Date of membership  |  |
| (4)  | Name of address of the person showing his relationship with the member  |  |
| (5)  | Name and address of the educational institution where the student has been admitted along with the certificate of admission from the Head of the educational institution  |  |
| (6)  | Details regarding the course of study<br>(Proof of continuing education in the educational institution should be attached)  |  |
| (7)  | Details of previous application, if any   |  |
|      | A. Details regarding medical assistance   |  |
|      | B. Details regarding educational assistance   |  |
|      | C. Others   |  |
| (8)  | Details of academic year and duration of course of study  |  |
| (9)  | Is the student staying in hostel?   |  |
| (10) | If the student is staying in a hostel, is the hostel run by an educational institution?   |  |
| (11) | Member's bank account details<br><br>(i) Name and branch of the bank<br>(ii) Account number<br>(iii) IFSC Code<br><br>(A photo copy of the first page of the bank pass book or a copy of cancelled cheque should be attached) |  |

## Declaration

I declare that the details given above are true and correct.

Place:

Date :

Signature of the Applicant

## FORM-XII

*[See rule 7(a)(5)]*

## Application for Death Benefit

|     |   |                                    |
|-----|---|------------------------------------|
| (1) | Name and address of the member  |                                    |
| (2) | Date of birth of the member   |                                    |
| (3) | Date of registration under the Tamil Nadu Document Writers' Welfare Fund Act, 2022  |                                    |
| (4) | Membership number under the Tamil Nadu Document Writers' Welfare Fund Act, 2022   |                                    |
| (5) | Is the applicant applying for death benefit?  |                                    |
| (6) | If yes, <ul style="list-style-type: none"> <li>(i) Date of death of the member</li> <li>(ii) Natural death / accidental death</li> <li>(iii) Is the death certificate attached?</li> <li>(iv) Is the legal heir certificate attached?</li> </ul>                            |                                    |
| (7) | Applicant's Profile (Choose the correct description and strike off others)  | Nominee / Legal Heir of the Member |
| (8) | If the member has already applied for any benefits, its details   |                                    |
|     | A. Details regarding medical benefits   |                                    |
|     | B. Details regarding educational benefit  |                                    |
| (9) | Member's bank account details <ul style="list-style-type: none"> <li>(i) Name and branch of the bank</li> <li>(ii) Account number</li> <li>(iii) IFSC Code</li> </ul> (A photo copy of the first page of the bank pass book or copy of cancelled cheque should be attached) |                                    |

## Declaration

I declare that the details given above are true and correct.

Place:

Date :

Signature of the Applicant

**FORM-XIII***[See Rule 7(a)(6)(i) and (ii)]***Application for permanent/partial Disability Benefits**

|     |   |  |
|-----|---|--|
| (1) | Name and address of the member  |  |
| (2) | Date of birth of the member   |  |
| (3) | Date of registration under the Tamil Nadu Document Writers' Welfare Fund Act, 2022  |  |
| (4) | Membership number under the Tamil Nadu Document Writers' Welfare Fund Act, 2022   |  |
| (5) | Is the applicant applying for permanent / partial disability benefits?  |  |
| (6) | If yes,   |  |
|     | (i) Name and address of the physician / hospital treating the patient   |  |
|     | (ii) Are disease details and medical documents attached?  |  |
|     | (iii) Is Government Medical Board Certificate attached?   |  |
| (7) | The amount required for treatment must be certified by a medical practitioner.  |  |
| (8) | If you have already applied for any benefits, its details   |  |
|     | A. Details regarding medical benefits   |  |
|     | B. Details regarding educational benefit  |  |
| (9) | Member's bank account details<br><br>(i) Name and branch of the bank<br>(ii) Account number<br>(iii) IFSC Code<br><br>(A photocopy of the first page of the bank passbook or copy of cancelled cheque should be attached) |  |

**Declaration**

I declare that the details given above are true and correct.

Place:

Date :

Signature of the Applicant

**FORM-XIV***[See rule 7(a)(7)]***Application for Spectacle Allowance**

|     |   |  |
|-----|---|--|
| (1) | Name and address of the member  |  |
| (2) | Date of birth and age of the member   |  |
| (3) | Date of membership  |  |
| (4) | Date of purchase of spectacles  |  |
| (5) | Is the receipt for the purchase of new spectacles attached?   |  |
| (6) | Details of previous application, if any   |  |
|     | A. Details regarding medical assistance   |  |
|     | B. Details regarding educational assistance   |  |
| (7) | Member's bank account details<br>(i) Name and branch of the bank<br>(ii) Account number<br>(iii) IFSC Code<br>(A photo copy of the first page of the bank pass book or a copy of cancelled cheque should be attached) |  |

**Declaration**

I declare that the details given above are true and correct.

Place:

Date :

Signature of the Applicant

## FORM-XV

*[see rule 8(1)(vi)]*

## Register of Members List

| <i>Sl.<br/>No.</i> | <i>Membership<br/>number</i> | <i>Name and<br/>address of<br/>the member</i> | <i>License<br/>No.</i> | <i>Date of birth<br/>and age</i> | <i>If the document<br/>writer is a member<br/>of any association<br/>then the name<br/>and address of the<br/>association</i> | <i>Date of joining<br/>as a member</i> | <i>Note</i> |
|--------------------|------------------------------|---|------------------------|----------------------------------|---|--|-------------|
| <i>(1)</i>         | <i>(2)</i>                   | <i>(3)</i>                                    | <i>(4)</i>             | <i>(5)</i>                       | <i>(6)</i>  | <i>(7)</i>                             | <i>(8)</i>  |
|                    |                              |   |                        |                                  |   |  |             |

B. JOTHI NIRMALASAMY,  
*Secretary to Government.*